FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$37816

(3)

PEGGY	HALL, INC								
Principal Plac	e of Business	Mailing Address				- 1 Judiurio dos Inik Jadod Heist Hasio sinki		OPON OPAN I	
701 SOUTH ROME P.O. BOX 18647 TAMPA FL 33606 TAMPA FL 33679-864		1647							
U\$						3. Date Incorporated or Qualified 03/14/1991	3a. Date 02/08	of Last Re	eport
2. Principal P	lace of Business	2a. Mailing Addre	ess			4. FEI Number	02/00		plied For
21		26				59-3055022		No	t Applicable
Suite, Apt	#, etc	Suite, Apt. #,	etc.			5. Certificate of Status Desired		\$8.75 A	
22		27						Fee Re	·
City & State	e	City & State				6. Election Campaign Financing		\$5.00	
23] Zip	Country	28	T Co.	untry		Trust Fund Contribution		Added to	
24	25	29	30	O, 10. y		8. This corporation has liability for in Florida Statutes	ntangible ta] Yes 🏻 🗍		199.032,
	9. Name and Address of Curre		1901	T^{-}		10. Name and Address of New Re			
BOO	NE, RICHARD S.			81	Name				H
325 SOUTH BOULEVARD				62	Street Addre	ss (P.O. Box Number is Not Acceptab			
	PA FL 33606			02	Street Addre	darqeesh for a redition xod Acceptati	ne)		
.,				63					
				84	City			85 Zip (Code
44 Duranust	to the paragraph of Continue 607 of	00	I- Ciptutos the		named same	arction a horita this statement for the p	FL	hanaina it	o rapistorad
office or r	to the provisions of sections 607.05 registered agent, or both, in the Stati im familiar with, and accept the oblig	e of Florida, Such chan	ne was authorize	≏d hv	the corporatio	oration submits this statement for the pon's board of directors. I hereby acception	ot the appoin	ntment as	registered registered
SIGNATURE									
	Sign to special production collegelered as				t signature requires	d when reinstating)	DATE	UDEOTOR	10.14.40
12.	DEFICERS AF	ND DIRECTORS	13.	 TITLE		ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	BOONE, RICHARD S.	_ Dt		NAME				J Ghange	radiiioii
STREET ADDRESS	701 SOUTH ROME				ADDRESS	i			
CITY-ST-7-2	TAMPA FL			CITY - ST					
TITLE		DE					T	Change	Addition
NAME			2.21	NAME)			_	Ì
STREET ADDRESS			2.3 \$	STREET A	ADDRESS				
CITY-ST-ZIP			2.4	CITY - S	t-ZIP				
TITLE		DE	LETE 3.1 1	TITLE				Change	Addition
NAME			3.21	NAME	1				l
STREET ADDRESS			3.3 \$	STREET	ADDRESS				
CITY-ST-ZIP				CITY-S	T-ZIP				
TITLE		DE	LETE 4.1 T	TITLE				_ Change	Addition
NAME			4 2	NAMÉ					
STREET ADDRESS			433	STREET	ADDRESS				
CITY-ST ZIP				CITY-ST	·ZIP			Tob	1 4420-
TITLE		L DE		TITLE			L	_ Change	Addition
NAMÉ.			•	NAME					
STREET ADDRESS					ADORESS				
CITY - ST - ZIP		□ DE		CITY-ST TITLE	- 219	· · · · · · · · · · · · · · · · · · ·		Change	Addition
TITLE		ال (ت		NAME			L	i ougugo	
NAME CORRELATIONS			The state of the s		ADDRESS				
STREET ADDRESS			I	SIREELI OUV OI	-				

14. Log hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FILED

Jan 14 1997 8:00am

Secretary of State